

D-40EZ Individual Income Tax Return	1998	 DISTRICT OF COLUMBIA GOVERNMENT OFFICE OF TAX AND REVENUE	OFFICIAL USE ONLY				
Taxable year beginning _____, 19____ and ending _____, 19____			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center;">A</td> <td style="width: 25%; text-align: center;">B</td> <td style="width: 25%; text-align: center;">C</td> <td style="width: 25%; text-align: center;">D</td> </tr> </table>	A	B	C	D
A	B	C	D				
IMPORTANT: See instructions on back to determine if you can use this form.							

PLACE LABEL HERE	First Name	M.I.	Last Name	Social Security No.
	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>
	Home Address			Apt. No.
	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>			<div style="border: 1px solid black; width: 50px; height: 20px;"></div>
	City	State	Zip code	OFFICIAL USE ONLY
	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>	<div style="border: 1px solid black; width: 30px; height: 20px;"></div>	<div style="border: 1px solid black; width: 60px; height: 20px;"></div>	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>

Report Your Income		1 Total wages, salaries, and tips. ①	Dollars Cents <div style="border: 1px solid black; width: 100%; height: 20px;"></div>
		2 Taxable interest income. If you have taxable interest income of more than \$400, you cannot use this form. ②	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>
		3 Adjusted gross income. Add lines 1 and 2. 3	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>
Attach Withholding Statement (Form(s) W-2) here		4 Standard deduction. 4	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>
		5 Net income. Line 3 minus Line 4. 5	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>
		6 Enter amount of your personal exemption (\$1,370). If you can be claimed as a dependent on someone else's tax return, check here <input type="checkbox"/> and do not claim an exemption (enter zero). 6	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>
Taxable Income		7 Taxable income, Line 5 minus Line 6 7	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>
Your Tax		8 Tax. Use the tax table in the instruction booklet (pg. 9-15) to find the tax on your taxable income shown on Line 7. 8	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>
		9 Low income credit. (See instructions on page 8 to determine if you qualify). You <u>must</u> attach a copy of your Federal return if you claim this credit. 9	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>
		10 Net Tax. Line 8 minus Line 9 If Line 9 is equal to or more than Line 8, enter "0". 10	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>
Amount You Owe		11 Total D.C. income tax withheld shown on Form(s) W-2 11	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>
		12 AMOUNT YOU OWE. If Line 10 is more than Line 11, Subtract and enter here. PAY IN FULL WITH THIS RETURN g 12	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>
	Overpayment	13 OVERPAYMENT. If Line 11 is more than Line 10, subtract and enter here. THIS IS YOUR REFUND g 13	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>
Voluntary Contribution		14 VOLUNTARY CONTRIBUTION to the Public Trust for Drug Prevention and Children At-Risk. Indicate amount you want to contribute. 14	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>
		15 Enter amount of refund or payment due after any contribution (see instructions). 15	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>
Sign Your Return	Under penalty of the law, including criminal penalties for false statements and tax preparer penalties under D.C. Code §22-2514 and §47-161, <i>et seq.</i> , I declare that I have examined this return and to the best of my knowledge and belief, it is true, correct, and complete. If prepared by a person other than the taxpayer, this declaration based on all information available to the taxpayer.		
	<div style="display: flex; justify-content: space-between;"> <div>TAXPAYER'S SIGNATURE _____</div> <div>DATE _____</div> <div>DAYTIME TELEPHONE _____</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>PREPARER'S SIGNATURE _____</div> <div>DATE _____</div> </div>		

PAYMENTS: Attach to the return your check or money order for the amount you owe made payable to *D.C. Treasurer*. Write you Social Security Number, daytime phone number, and "1998 D-40EZ" on your payment. Mail to the Office of Tax and Revenue, Ben Franklin Station, P.O. Box 7861, Washington, D.C. 20044-7861